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February 7, 2008

Advanced Psychological Services

REDACTED

Tarzana, CA 91356

RE: On-site audit conducted on January 10, 2008

Dear Dr. ***REDACTED***:

On January 10, 2008, the Mental Health Section of the Victim Compensation Program (VCP) conducted an on-site review of the mental health services provided to victims of crime whose treatment at your facility was billed to the VCP. The focus of this review was to determine compliance with the terms and conditions of the Provider Agreement (Agreement) between the VCP and Advanced Psychological Services. The Agreement requires: (1) treatment provided be performed in accordance with all applicable federal, state, county laws, ordinances, regulations and procedures; (2) treatment provided be necessary as a direct result of the qualifying crime (i.e. the crime for which the application was filed); (3) VCP be billed at the correct payment rate and percentage of treatment related to the qualifying crime; (4) that a consent for treatment and the authorization for release of confidential information be properly completed; and (5) VCP treatment plans be completed.

SCOPE

We selected a sample size of 20 files for the review. This represents approximately 10% of the files active in the Agreement through December 2007.

METHODOLOGY

The review consisted of an analysis of the VCP's claim files, with a corresponding examination of your files, focusing on:

- the type and severity of the qualifying crime;
- the relationship of your client to the direct victim of the qualifying crime;
- your client's age when the qualifying crime occurred;
- the amount of mental health treatment provided to date with a review of the billing submitted;
- the completeness and content of the Treatment Plan(s) and, if needed, a review of the treatment notes;
- the qualification(s) of the treating therapist and supervising therapist (if required); and
- whether the VCP was billed at the correct payment rate and percentage of treatment related to the qualifying crime.

SUMMARY OF RESULTS

The review staff determined that your facility is operating in compliance with the Agreement. Following is a list of the specific areas reviewed and our finding on each one:

Client Documents

- 85% Included a signed consent for treatment
(If the client is a minor, his/her parent or legal guardian must sign.)
- 25% Included a signed authorization for release of information
(If the client is a minor, his/her parent or legal guardian must sign.)
- 90% Included a proof of discussion of confidentiality/privilege
(If the client is a minor, his/her parent or legal guardian must sign.)

Therapeutic Treatment

- 95% All Treatment Plans are in file and completed
- 100% All Treatment Plans are signed by the treating therapist, a supervising therapist (if applicable) or other people reviewing the documentation
- 100% Therapist license/registration is current
- 100% Included objective and legible treatment notes
- 90% Therapy provided is a direct result of the qualifying crime
- 90% Treatment is billed at the correct payment rate and percentage related to the qualifying crime
- 100% Included objective measures for treatment progress
- 100% Substantial progress has been made in treatment
- 100% Therapy provided is the best aid for the victim

90 % Overall rating

While your overall rating of 90% is acceptable, please take note of the areas that fell below 100% compliance with the Agreement.

- Included a signed consent for treatment
(If the client is a minor, his/her parent or legal guardian must sign.)

A signed consent for treatment was not complete in your files for the following clients:

*****REDACTED*** (missing signature of treating therapist)**

*****REDACTED*** (missing signature of treating therapist)**

*****REDACTED*** (missing signature of treating therapist)**

- Included a signed authorization for release of information
(If the client is a minor, his/her parent or legal guardian must sign.)

The authorization for release of information was not complete in your files for the following clients:

*****REDACTED*** (missing witness signature and date)**

*****REDACTED*** (missing client's name on first page and witness signature)**

*****REDACTED*** (missing client's name on first page, name of agency, witness signature and date signed)**

*****REDACTED*** (missing name of agency)**

*****REDACTED*** (missing client's name on first page and witness signature)**

*****REDACTED*** (missing witness signature)**

*****REDACTED*** (missing name of agency)**

*****REDACTED*** (missing client's name on first page and name of agency)**

*****REDACTED*** (missing witness signature)**

*****REDACTED*** (missing witness signature)**

*****REDACTED*** (missing client's name on first page and missing witness signature)**

*****REDACTED*** (missing name of agency and witness signature)**

*****REDACTED*** (missing date signed by client)**

*****REDACTED***(missing client's name on first page)**

*****REDACTED***(missing witness signature)**

- Included a proof of discussion of confidentiality/privilege
(If the client is a minor, his/her parent or legal guardian must sign.)

*****REDACTED***(missing witness signature)**

*****REDACTED*** (missing signature of treating therapist)**

- All Treatment Plans are in file and completed

The Treatment Plan was not complete for the following client:

*****REDACTED***(page 5 of the Treatment Plan, which describes therapy goals, is missing)**

- Therapy provided is a direct result of the qualifying crime
- Treatment is billed at the correct payment rate and percentage related to the qualifying crime

Treatment for the following clients do not appear focused on the crime for which the application was filed and therefore were not billed at the correct percentage related to the qualifying crime:

*****REDACTED***(application was qualified for witnessing domestic violence, however the Treatment Plan and session notes are primarily focused on a sexual abuse allegation ***REDACTED***and neglect)**

*****REDACTED*** (application was qualified for
REDACTEDmolest, however the Treatment Plan describes a domestic violence incident as the treatment focus)**

As you can see from the results of our review, more attention needs to be placed on properly completing the authorization for release of information. We look forward to visiting your agency again, and will plan to do so approximately 12 to 18 months from the date of this letter. During that visit we will present any new information from the VCP and confirm that any areas falling below 100% have been satisfactorily addressed.

Sincerely,

Robin Foemmel-Bie, Manager
Mental Health Section
Victim Compensation and Government Claims Board

RF:rs